



PRISON
HEALTH
SERVICES

PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Richard Wright Date of Request: 14 Dec 04
 ID # 187/40 Date of Birth: 15 Aug 67 Location: 4 Cell (Sec)
 Nature of problem or request: I been having head aches since me
and another inmate fought and my head hit the table
or the floor. I've wonder would you tell me what is the
problem with my stomach having irregular pain and
passing gas constantly.
Richard W Wright Sr.

Signature

DO NOT WRITE BELOW THIS LINE

Date: 12/12/04
 Time: 510 AM PM
 Allergies: NKA

<p>RECEIVED</p> <p>Date: <u>12-12-04</u></p> <p>Time: <u>510</u></p> <p>Receiving Nurse Initials <u>MA</u></p>
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(S)ubjective Wt. Bp 140/90 P. 68 R. 18 O2 Sat 95%
my stomach Hurts afternoon Have irregular Heart beat at
times my skin breaking out. Headaches
 (O)bjective Inmate alert in no distress with following
Complaints. Skin warm and dry. NO rash noted

(A)ssessment:

(P)lan: See MD in Am 12/13/04 @ **FOR PROFESSIONAL USE ONLY**
CONFIDENTIAL RECORD
NOT TO BE PHOTO COPIED

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE ☒ EMERGENCY ☐
 If Emergency was PHS supervisor notified: Yes ☐ No ☐
 Was MD/PA on call notified: Yes ☐ No ☐

L. Anderson Jr
 SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE
 YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Richard Wright Date of Request: 9 Dec 2004
ID # 187140 Date of Birth: 5 Apr 67 Location: H Cell
Nature of problem or request: I've been having head aches since
me and another inmate fought and my head hit the
table or the floor. I've wonder would you tell me what is
the problem with my stomach having irregular pain and passing
gas constantly
Richard W Wright
Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
Time: AM PM
Allergies:

RECEIVED Date: _____ Time: _____ Receiving Nurse Initials _____

(S)ubjective:

(O)bjective

(A)ssessment:

*Inmate previously
seen by MD
on 12/10/04*

(P)lan:

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CONFIDENTIAL RECORD
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Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: Richard Wright Date of Request: 7 Dec 04
ID # 187140 Date of Birth: 15 Aug 67 Location: 4 Cell
Nature of problem or request: I've been having head aches since
me and another inmate fought and my head hit the
table or the floor. I've wonder would you tell me what is
the problem with my stomach having irregular pain and
passing gas constantly Richard Wright

Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
Time: AM PM
Allergies:

RECEIVED
Date: _____
Time: _____
Receiving Nurse Initials _____

(S)ubjectives

(O)bjective

(A)ssessment:

**FOR PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD
NOT TO BE PHOTO COPIED**

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC. **SICK CALL REQUEST**

Print Name: Richard Wright Date of Request: 2 Dec 04
 ID # 187140 Date of Birth: 8-15-67 Location: 4 cell seg
 Nature of problem or request: I have the following symptoms
and request blood and weight check. Symptoms light
color defecation, easily breaking of the skin, slow lost
of vision, weight lost and hair on head, low energy often
times.
Richard Wright
 Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
 Time: AM PM
 Allergies:

RECEIVED	
Date:	_____
Time:	_____
Receiving Nurse Initials	_____

(S)ubjective

(O)bjective

FOR PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD
NOT TO BE PHOTO COPIED

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

4th Request
Print Name: Richard W Wright Date of Request: 30 Nov 04
ID # 187140 Date of Birth: 8-15-67 Location: 4 Cell seg
Nature of problem or request: I've request some type of Cream For the sores
on my legs and hands. I have the Following symptoms and request
blood and Weight check. Symptoms: light Color defication easily
breaking of the skin, slow lost of vision, weight lost and lost of hair on
head, low energy often times Richard W Wright Sr.
Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
Time: AM PM
Allergies:

RECEIVED
Date: _____
Time: _____
Receiving Nurse Initials _____

(S)ubjectives

(O)bjective

FOR PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD
NOT TO BE PHOTO COPIED

(A)ssessment:

(P)lan: /

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE (✓) EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

M. Rivers M

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: Richard Wright Sr Date of Request: (Wed) Nov 24, 2004
 ID # 187140 Date of Birth: 5 Aug 67 Location: 4 Cell (Seg)
 Nature of problem or request: I've requested some type of Cream for the sores on my legs and hands. I've had have the following symptoms and request blood and weight check. Symptoms: light color defecation easily breaking of the skin, slow lost of vision, weight lost, lost of hair on head, low energy often times. Richard W Wright Sr.
 Signature

DO NOT WRITE BELOW THIS LINE

Date: 11/26/04
 Time: 0500 AM PM
 Allergies: MGDA

RECEIVED	
Date:	
Time:	
Receiving Nurse Initials	<u>J</u>

(S)ubjective: I've had these things going on for awhile now & I've requested help before I'd like to see the doctor

(O)bjective: To have lab work done, contacts ordered & given to make plan on eye 1/27 to see eye doctor on 11/30/04.

(A)ssessment: Art in skin, Art in contact do to eye.

(P)lan: Ref to see MD for skin evaluation

**FOR PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD**

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

[Signature]
 SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

2nd request

Print Name: Richard Wright Sr. Date of Request: 23 Nov 04
 ID # 187140 Date of Birth: 15 Aug 67 Location: 4 Cell (Seq)
 Nature of problem or request: I've requested some type of Cream For the Sores on my legs and hands. I've have the following symptoms and request blood and weight check. Symptoms: light color defecation easily breaking of the skin, slow lost of vision, weight lost and gain lost of hair on head, low energy often Richard W Wright Jr.
 times. Signature

DO NOT WRITE BELOW THIS LINE

Date: 11/24/04
 Time: 0515 AM PM
 Allergies: NKA

RECEIVED	
Date:	
Time:	
Receiving Nurse Initials	

(S)ubjectives I'm very weak, and have sores on my leg

(O)bjective

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(A)ssessment: Amk in cell agitated.

(P)lan: To see MD @ 1:30 PM

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE ☒ EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

M. R. [Signature]

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



Seg

**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: Richard W Wright Date of Request: 22 Nov 04
ID # 187140 Date of Birth: 15 Aug 67 Location: 4 Cell (Seg)
Nature of problem or request: I've requested some type of cream for the sores on my legs and hands. I've have the following symptoms and requesting blood and weight check. light colored defecation easily breaking of the skin, slow lost of vision, weight lost and a lost of hair on head, low energy often times.
Richard W Wright dnr.
Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
Time: AM PM
Allergies:

RECEIVED Date: _____ Time: _____ Receiving Nurse Initials <u> </u>

(S)ubjectives

(O)bjective

**FOR PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD
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(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: Richard W Wright Date of Request: 2:15 p.m. (Wed) 17 Nov 04
ID # 187140 Date of Birth: 15 Aug 04 Location: 4 Cell (Seg.)
Nature of problem or request: I have several medical problems that I wish to discuss with the doctor. Sore scabs on legs and hands, rash in penis area, razor bumps and continually passing (gas)

Richard W Wright Jr.

Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
Time: AM PM
Allergies:

<p>RECEIVED</p> <p>Date: _____</p> <p>Time: _____</p> <p>Receiving Nurse Initials <u> </u></p>
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(S)ubjectives

(O)bjective

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: Richard W Wright Date of Request: 1:45 p.m. Wed 17 Nov 04
ID # 187140 Date of Birth: 15 Aug 67 Location: Cell 4 Seg
Nature of problem or request: I have several Medical problems that I wish to discuss with the doctor, Sore scabs on legs and hands, Rash in penis area, Razor bump and Continually Passing (gas).
Richard W Wright Sr.
Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
Time: AM PM
Allergies:

RECEIVED
Date: <u> </u>
Time: <u> </u>
Receiving Nurse Initials <u> </u>

(S)ubjectives

(O)bjective

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(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT